PAGE 1 / 40

## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

1 OKW OX	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
WOMEN SPEAK OUT	ΓPAC		
ADDRESS (number and street)	1200 NEW HAMPSHIRE	AVE NW	
▼ (number and street)	SUITE 750		
Check if different than previously	WASHINGTON		DC   20036
reported. (ACĆ)			
2. FEC IDENTIFICATION N	<b>UMBER</b> ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00530766		IS THIS REPORT (N) C	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe Report Due On:	b 20 (M2) May 20 (	(Non-Election Year Only)
(a) Quarterly Reports:	Ma	ar 20 (M3) Jun 20 (I	M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		or 20 (M4) Jul 20 (N	77) X Oct 20 (M10) Jan 31 (YE)
Quarterly Report (	Q1) (c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (	Q3)	M M / D D	/ Y Y Y Y in the
January 31 Year-End Report (	YE) Elect	ion on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)	t	M = M / D = D	/ Y Y Y Y Y Y in the
	Elect	ion on	State of
5. Covering Period 0	9 01 2016	through 09	9 30 2016
I certify that I have examined t	his Report and to the best of	of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasure	Buchanan, Emily, , , er		
Signature of Treasurer	hanan, Emily, , ,	[Electronically Filed]	Date 10 / 27 / 2016
NOTE: Submission of false error	neous or incomplete informati	on may subject the person signi	ng this Report to the penalties of 52 U.S.C. § 30109
Office Office		Say dabjoot the person digit	FEC FORM 3X
Use Only			Rev. 05/2016

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name WOMEN SPEAK OUT PAC 09 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 496911.89 January 1, 2016 (b) Cash on Hand at 783691.36 Beginning of Reporting Period..... 277568.94 882781.58 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1379693.47 1061260.30 6(a) and 6(c) for Column B)..... 394427.49 712860.66 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 666832.81 666832.81 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 29314.43 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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v	/UII	$V \sqcup V$	OFL	$\neg$ r	$\mathbf{v}$	- Г	

I. Receipts  ibutions (other than loans) From: ndividuals/Persons Other  Than Political Committees i) Itemized (use Schedule A)	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ndividuals/Persons Other  Than Political Committees  i) Itemized (use Schedule A)	277482.43	
Fhan Political Committees  i) Itemized (use Schedule A)	277482.43	
i) Itemized (use Schedule A)	277482.43	
	4	854282.43
iii) Unitemizediiii) TOTAL (add	86.51	17855.42
Lines 11(a)(i) and (ii)	277568.94	872137.85
Political Party Committees	0.00	0.00
such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)	277568.94	872137.85
Sters From Affiliated/Other Committees	0.00	0.00
pans Received	0.00	0.00
Repayments Receivedts To Operating Expenditures	0.00	0.00
nds, Rebates, etc.) y Totals to Line 37, page 5) nds of Contributions Made	0.00	10643.73
deral Candidates and Other cal Committees	0.00	0.00
lends, Interest, etc.)	0.00	0.00
sfers from Non-Federal and Levin Funds on-Federal Account		
from Schedule H3)	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Other Political Committees such as PACs)	Committees Such as PACs)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)	1044 1115 1 01104	Calendar Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	204205 04	252542.00
Expenditures (c) Total Operating Expenditures	221885.91	353542.99
(add 21(a)(i), (a)(ii), and (b))▶	221885.91	353542.99
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees		0.00
and Other Political Committees Independent Expenditures	0.00	0.00
(use Schedule E)	172541.58	359317.67
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Panaymenta Mada	0.00	4 4 4
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Porty Committees		200
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
•	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
,	4 4	4
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	0))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	394427.49	712860.66
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	394427.49	712860.66

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)	or disbursements	Page <b>5</b>		
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
33. Total Contributions (other than loans) (from Line 11(d), page 3)	277568.94	872137.85		
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	277568.94	872137.85		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	221885.91	353542.99		
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	10643.73		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	221885.91	342899.26		

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA

Transaction ID:

The committee is amending the 10/20/16 due to an error in payroll reporting that resulted from a miscommunication with the committee's employer of record, Headway. Headway provided the committee with a summary of payroll and mileage paid in all of September. The committee had actually requested a recap of payroll accrued at the end of September but not paid until October to provide accurate reporting to the public.

Form/Schedule: Transaction ID:

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page (chec

F	OR	LINE	NU	MBER	:	PAGE	7	OF	40
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

	orts and Statements may not be sold or used by any per using the name and address of any political committee	
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT P	AC	
Lewarne, Stephen, , ,  Mailing Address 3040 North Quincy		Date of Receipt  09 23 2016
City Arlington	State   Zip Code   VA   22207-4139	Transaction ID : SA11AI.6585
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  300.00	
Name of Employer (for Individual)  Deloitte	Occupation (for Individual) Principal	Memo Item
Receipt For: 2016  Primary   General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Menner, Michael, , , Mailing Address P.O. Box 49	Middle Initial) or Full Organization Name	Date of Receipt
City Penfield	State   Zip Code	09 22 2016  Transaction ID : SA11Al.6574  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Diocese of Peoria	Occupation (for Individual) Priest	Memo Item
Receipt For: 2016  Primary   General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name of Individual (Last, First, Mudd, Maura, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 40 Zaccheus Mead	Lane	09 24 2016
City Greenwich	State         Zip Code           CT         06831-3753	Transaction ID : SA11AI.6589  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer (for Individual) Fortress Investment Group LLC	Occupation (for Individual) CEO and Director	Memo Item
Receipt For: 2016  Primary	Aggregate Year-to-Date ▼	
Other (specify)	5000.00	
SUBTOTAL of Receipts This Page (or	otional)	5800.00
TOTAL This Period (last page this line	e number only)	

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

				MBER	:	PAGE	8	OF	40
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

	y information copied from such Reports and Sta for commercial purposes, other than using the n							
$\rangle$	NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Susan B Anthony List, Inc.	ll) or Full Org	anization Name	Date of Receipt				
	Mailing Address 1200 New Hampshire Ave NW Ste 750			09 22 2016				
	City	State	Zip Code	Transaction ID : SA11AI.6593				
	Washington  FEC ID number of contributing federal political committee.	C	20036	Amount of Each Receipt this Period 150000.00				
	Name of Employer (for Individual)	ation (for Individual)	Memo Item Contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 150000.00					
В.	Full Name of Individual (Last, First, Middle Initia Susan B Anthony List, Inc.	l) or Full Org	anization Name	Date of Receipt				
	Mailing Address 1200 New Hampshire Ave NW Ste 750			09 30 2016				
	City	State	Zip Code	Transaction ID : SA11AI.6595				
	Washington	DC	20036	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		91682.43				
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item In-kind - shared staff support donated by SBA				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 241682.43					
<del></del> С.	Full Name of Individual (Last, First, Middle Initia Suter, George, B., ,	l) or Full Org	anization Name	Date of Receipt				
	Mailing Address 2580 Greenwood Acres Drive			09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Dekalb	State IL	Zip Code 60115-4913	Transaction ID : SA11AI.6572  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		20000.00				
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual)	Memo Item				
	Receipt For: 2016	Aggregate Ye	ear-to-Date ▼					
	Primary X General Other (specify)		20000.00					
s	UBTOTAL of Receipts This Page (optional)			261682.43				
Т	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>					

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	=	9	OF	40
(0	che	ck only	or	ne)						
	×	11a		11b		11c		12		
		13		14		15		16	;	17

	ly information copied from such Reports and Sta for commercial purposes, other than using the r							
$\rangle$	NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC							
Α.	Full Name of Individual (Last, First, Middle Initial Tarzian, Tom, , ,  Mailing Address 1100 South High Street	l) or Full (	Organization Name	Date of Receipt				
	Mailing Address 1100 South Fight Street			09 23 2016				
	City	State	Zip Code	Transaction ID : SA11AI.6587				
	Bloomington	IN	47401-6108	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		10000.00				
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item				
	Sarkes Tarzian Inc.	Cha	airman of Board of Directors	_				
	Receipt For: 2016  Primary   General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 10000.00					
В.	Full Name of Individual (Last, First, Middle Initial Mailing Address	l) or Full (	Organization Name	Date of Receipt				
	City	State	Zip Code					
		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼					
<u> </u>	Full Name of Individual (Last, First, Middle Initia	l) or Full (	Organization Name	Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C						
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item				
	Receipt For:  Primary General Other (specify)	Aggregate	Year-to-Date ▼					
s	UBTOTAL of Receipts This Page (optional)			10000.00				
т	OTAL This Period (last page this line number or	nly)		277482.43				

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10					
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(check or	·		□ 00 □ 07		
		Summary Page	<b>X</b> 21 28		23 28c	26 27 29 30b		
Any information copied from such Reports and State	monto mov	, not be cold or us						
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
WOMEN SPEAK OUT PAC								
Full Name (Last, First, Middle Initial)								
A. All Seasons Strategies, LLC				Date of	Disburse	ment		
Mailing Address P.O. Box 3521				09	02			
City	Stata	Zip Code						
Spokane	State WA	99202		FEC Ide	ntification	Number		
Purpose of Disbursement				С				
Salary for Assistant National Director					nsaction	ID : SB21B.6620		
Candidate Name			Category/	Amount	of Each	Disbursement this Period		
Office Sought: House Disburs	ement For:		Type	- I I		7000.00		
Senate	Primary	General			7	7 7		
President	Other (sp	ecify) $\blacktriangledown$		Men	no Item			
State: District:								
Full Name (Last, First, Middle Initial)  B. All Seasons Strategies, LLC				Date of	Disbursei	ment		
All Seasons Strategies, LLC				M M	/ D			
Mailing Address P.O. Box 3521					09 30 2016			
City	State	Zip Code		FEC Ide	ntification	Number		
Spokane Purpose of Disbursement	WA	99202		C				
Salary for Assistant National State Director		Category/ Type			onetion I	D . CD24D CC22		
Candidate Name					Transaction ID: SB21B.6623 Amount of Each Disbursement this Period 7000.00			
Office Sought: House Disburs	mont For							
Senate	ement For: Primary	General			7000.00			
President	Other (sp			Men	no Item			
State: District:	_			IVIEI	no item			
Full Name (Last, First, Middle Initial)				Doto of	Disbursei	mont		
C. Ashley, Michelle, , ,				M M	/ D			
Mailing Address 1200 New Hampshire Ave NW S	e 750			09	20			
City	State	Zip Code		EEC Ido	ntification	Number		
Washington	DC	20036			muncauon	INUITIDE		
Purpose of Disbursement Expense Reimbursement			· · · ·	C	acation	ID : SB21B.6619		
Candidate Name			Category/			Disbursement this Period		
Office Sought: House Disburs	ement For:		Type	-		271.20		
Senate	Primary	General			7	7 7		
President	Other (sp	ecify) 🔻		Men	no Item			
State: District:					2			
CURTOTAL of Dishursoments This Days (actions)						14271.20		
SUBTOTAL of Disbursements This Page (optional)			·····		7	45		
TOTAL This Period (last page this line number onl	v)				_			

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11			11 OF 40		
ITEMIZED DISBURSEMENTS		parate schedule(s)  n category of the	I ` ·	(check only one)    X 21b   22   23			27	
	Detailed	Summary Page	28a	28b	28c	26 29	30b	
Any information copied from such Reports and State	 ements mav	not be sold or use	ed by any pers	on for the pu	rpose of	soliciting	contributions	
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
WOMEN SPEAK OUT PAC								
Full Name (Last, First, Middle Initial)								
A. Authorize.net			Date of D	isbursem	nent			
				M M		/ Y	2046	
Mailing Address P.O. Box 947				09	02		2016	
City	State	Zip Code		FEC Iden	tification	Number		
American Fork	UT	84003-0947					-	
Purpose of Disbursement Bank fees	Dispursement			C				
Candidate Name			Osto nom /	Transaction ID : SB21B.6557  Amount of Each Disbursement this Period				
			Category/ Type	Amount	Lacii D	isbui seille	int this renou	
	ement For:			1 L			77.12	
Senate President	Primary Other (en	General						
State: District:	Other (sp	ecity) 🔻		Memo	Item			
Full Name (Last, First, Middle Initial)								
B. Authorize.net				Date of D	isbursem	nent		
<del> </del>					/ D D	/ Y	Y Y Y	
Mailing Address P.O. Box 947				09	02		2016	
City	State	Zip Code		FEC Iden	tification	Number		
American Fork Purpose of Disbursement	UT	84003-0947					-	
Credit Card processing fees			· · ·	C				
Candidate Name			Category/	Transaction ID : SB21B.6562 Amount of Each Disbursement this Period 42.45				
			Type					
	ement For:	Conoral						
Senate President	Primary Other (spe	General ecify)						
State: District:	] (-)-	,,		Memo	Item			
Full Name (Last, First, Middle Initial)								
C. Blevio, Chrissy, , ,				Date of D	isbursem			
Mailing Address 1200 New Hampshire Ave NW St	 re 750			09	19	/ Y	2016	
City	State DC	Zip Code		FEC Iden	tification	Number		
Washington Purpose of Disbursement		20036		C			-	
Expense Reimbursement					saction II	D : SB21B	6615	
Candidate Name			Category/				ent this Period	
Office Sought: House Disburse	ement For:		Туре				138.37	
Senate	Primary	General			7	7		
President	Other (sp	ecify) 🔻		Memo	ı Item			
State: District:				I I IVIOITIC				
CURTOTAL of Dishare area to Till D							257.94	
SUBTOTAL of Disbursements This Page (optional)			······		7	-	201.07	
TOTAL This Period (last page this line number only	v)				_			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(		•
	for each category of the Detailed Summary Page	) V 21h	22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	The state of any por		The second secon
Full Name (Last, First, Middle Initial)  A. Campaign HQ			Date of Disbursement
Mailing Address 109 West Front St			09 24 2016
Brooklyn	State Zip Code 1N 52211		FEC Identification Number
Purpose of Disbursement Telephone expense  Candidate Name		Cotonsmil	Transaction ID : SB21B.6591
Office Sought:   House   Disbursen	nent For:	Category/ Type	Amount of Each Disbursement this Period 500.00
President	Primary General Other (specify) ▼		Memo Item
State: District:			
Full Name (Last, First, Middle Initial)  B. Chain Bridge Bank			Date of Disbursement
Mailing Address 1445 McLaughlin Ave	)		09 12 2016
City McLean	State Zip Code VA 22101		FEC Identification Number
Purpose of Disbursement Wire transfer fees	22101		C Transaction ID : SB21B.6558
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		120.00
State: District:			Memo Item
Full Name (Last, First, Middle Initial)  C. Chain Bridge Bank			Date of Disbursement
Mailing Address 1445 McLaughlin Ave			09 16 2016
City McLean Purpose of Disbursement	State Zip Code VA 22101		FEC Identification Number
Bank fees for gift cards  Candidate Name	Category/	Transaction ID : SB21B.6381 Amount of Each Disbursement this Period	
Office Cought.	want Fam. aa :-	Туре	119.00
Senate President	nent For: 2016  Primary		Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······	739.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	T					PAGE 13 OF 40			
ITEMIZED DISBURSEMENTS		category of the	(check o						
		Summary Page	<b>X</b> 21		23 28c	26 27 29 30b			
Any information copied from such Reports and State	monte may	not be sold or use							
or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
WOMEN SPEAK OUT PAC									
Full Name (Last, First, Middle Initial)									
A. Design 4 Advertising				Date o	f Disburse	ment			
				M M	/ D				
Mailing Address 106 N Collins St				09	1:	3 2016			
City	State	Zip Code		FEC Id	entification	n Number			
Plant City Purpose of Disbursement	FL	33563							
Edits to handouts									
Candidate Name			0-1			ID: SB21B.6560			
			Category/ Type	Amoun	l oi Eacii	Disbursement this Period			
Office Sought: House Disburse	ment For:			<b>TI.</b>		538.00			
Senate	Primary	General			,	,			
State: District:	Other (spe	ecify) 🔻		Me	mo Item				
Full Name (Last, First, Middle Initial)				+					
B. Escalante, Eileen, , ,				Date o	f Disburse	ement			
L'acaiante, Lilecn, , ,				M = M	/ D	D / Y Y Y Y Y			
Mailing Address 1200 New Hampshire Ave				09	1	9 2016			
City	State	Zip Code		FEC Id	entification	n Number			
Washington Purpose of Disbursement	DC	20036							
Expense Reimbursement					C Transportion ID - CROAD COAC				
Candidate Name			Category/		Transaction ID : SB21B.6616 Amount of Each Disbursement this Period  389.88				
			Type						
	ment For:	Comoral							
Senate President	Primary Other (spe	General							
State: District:	oution (ope	, o.i.y)		Me	mo Item				
Full Name (Last, First, Middle Initial)									
C. Evolving Strategies				Date o	f Disburse				
Mailing Address 3125 1st Place North				09	/ D				
City Arlington	State VA	Zip Code 22201		FEC Id	entificatior	n Number			
Purpose of Disbursement	VA	22201		С					
Research					nsaction	ID : SB21B.6564			
Candidate Name			Category/			Disbursement this Period			
Office Sought: House Disburse	Туре					20000.00			
Office Sought: House Disburse Senate	ment For: Primary	General				2000.00			
President	Other (spe			Ιп					
State: District:	(-1	• •		Me	mo Item				
SUBTOTAL of Disbursements This Page (optional).						20927.88			
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE I				
		ategory of the Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b			
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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC							
Full Name (Last, First, Middle Initial)  A. Fitzgerald, Tami, , ,				Date of Disbursement			
Mailing Address 1200 New Hampshire Ave NW Ste	ı			09 19 2016			
,	State DC	Zip Code 20036		FEC Identification Number			
Purpose of Disbursement Expense Reimbursement Candidate Name			Catagory	Transaction ID : SB21B.6611 Amount of Each Disbursement this Period			
Office Sought: House Disbursem			Category/ Type	Amount of Each Disbursement this Period			
	Primary Other (speci	General fy) ▼		Memo Item			
Full Name (Last, First, Middle Initial)  B. Greco, Grayson, , ,		Date of Disbursement					
Mailing Address 1200 New Hampshire Ave NW Ste		Zin Cod-		09 19 2016			
Washington Purpose of Disbursement	State DC	Zip Code 20036		FEC Identification Number			
Expense Reimbursement Candidate Name			Category/ Type	Transaction ID : SB21B.6604 Amount of Each Disbursement this Period			
	nent For: Primary Other (speci	General fy)	21.5	363.35 Memo Item			
Full Name (Last, First, Middle Initial)  C. Headway Workforce Solutions				Date of Disbursement			
Mailing Address 421 Fayetteville St #1020				09 30 2016			
City Raleigh Purpose of Disbursement Headway fees		FEC Identification Number  C  Transaction ID: SB21B.6598					
Candidate Name	andidate Name Ca						
	nent For: Primary Other (speci	General ffy) ▼	Туре	33151.55 Memo Item			
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A. Headway Workforce Solutions	3			Date of Disbursement					
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Purpose of Disbursement Director Payroll	I			C					
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Garididate Ivanie			Category/ Type	Amount of Each L	Disbursement this Period				
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B. Hollar, Jeremy, , ,				Date of Disbursen	nent				
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Mailing Address 1200 New Hampshire Ave Ste 750		7: 0 !		09 19	2016				
City Washington	State	Zip Code 20036		FEC Identification	Number				
Purpose of Disbursement				С					
Expense Reimbursement  Candidate Name				Transaction ID : SB21B.6607					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House D	sbursement For	r:	.,,,,,	217.50					
Senate	Primary								
State: President  District:	Other (s	specify)		Memo Item					
Full Name (Last, First, Middle Initial)									
C. Hollar, Jeremy, , ,				Date of Disbursen	nent				
				M M / D I					
Mailing Address 1200 New Hampshire Ave Ste 750	NW			09 19	2016				
City	State	Zip Code		FEC Identification	Number				
Washington	DC	20036	T	C	Tumbor				
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NAME OF COMMITTEE (In Full)									
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A. Hollar, Jeremy, , ,			Date of Di	Spurserrier	/ Y Y Y Y				
Mailing Address 1200 New Hampshire Ave NW				09	19	2016			
Ste 750									
City Washington	State DC	Zip Code 20036		FEC Ident	fication Nu	umber			
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Expense Reimbursement					action ID :	SB21B.6614			
Candidate Name			Category/			bursement this Period			
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Mailing Address F.O. Box 37046				03	20	2010			
City	State	Zip Code		FEC Ident	fication Nu	umber			
Baltimore Purpose of Disbursement	MD	21297-3046							
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Mailing Address 2700 Coast Ave				09	02	2016			
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Mountain View	CA	94043			cation int	annoci			
Purpose of Disbursement Credit Card processing fees									
Candidate Name			Cota ra ra r			: SB21B.6561 bursement this Period			
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	ment For:					15.95			
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	NAME OF COMMITTEE (In Full)										
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A.	Love, Julie, , ,					Date of	Disburse				
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В.	Full Name (Last, First, Middle Initial)  Miller Desiree					Date of	Disburse	ment			
٠.	Miller, Desiree, , ,					M M		D /	V	Y Y	Υ
	Mailing Address 1200 New Hampshire Ave, NW Suite 750					09		9 /	Ľ	2016	
	,	State	Zip Code			FEC Ide	ntification	n Nun	nber		
	Washington Purpose of Disbursement	DC	20036							-	
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		Primary	General				7		1		
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C.	Full Name (Last, First, Middle Initial)  Parker, Mary, , ,						Disburse				
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SCHEDULE B (FEC Form 3X)	llee sena	rate schedule(s)	FOR LINE NUMBER: PAGE				
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or for commercial purposes, other than using the name	ne and addr	ess of any politica	al committee to	solicit contributions	from such committee.		
WOMEN SPEAK OUT PAC							
Full Name (Last, First, Middle Initial)				D . (D)			
A. Parker, Mary, , ,				Date of Disburse			
Mailing Address 1200 New Hampshire Ave NW Ste	750			09 / 20			
,	State	Zip Code		FEC Identification	Number		
Washington Purpose of Disbursement	DC	20036		С			
Expense Reimbursement					ID : SB21B.6618		
Candidate Name			Category/		Disbursement this Period		
Office Sought: House Disburser	ment For:		Туре		294.78		
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Full Name (Last, First, Middle Initial)				Date of Disburse	ment		
3. Paychex				M M / D			
Mailing Address 3060 Williams Dr #200				09 02			
City Fairfax	State VA	Zip Code 22031		FEC Identification	Number		
Purpose of Disbursement	VA	22031		С			
Payroll fees					ID : SB21B.6563		
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Senate	Primary	General			4 1 4		
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Full Name (Last, First, Middle Initial)							
Susan B Anthony List, Inc.				Date of Disburse	ment		
				M M / D			
Mailing Address 1200 New Hampshire Ave NW Ste 750				09 30	2016		
	State	Zip Code		FEC Identification	Number		
Washington Purpose of Disbursement	DC	20036					
In-kind - shared staff support donated by SBA				C	ID . CD24D C50C		
Candidate Name			Category/		ID: SB21B.6596 Disbursement this Period		
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SCHEDULE B (FEC Form 3X)						PAGE 19 OF 40			
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NAME OF COMMITTEE (In Full)									
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Full Name (Last, First, Middle Initial)									
A. Trace Strategies, LLC				Date of Disbursement					
Mailing Address 11104 Westpoint Court				09	02	2016			
City Litte Rock	State AR	Zip Code 72211		FEC Ide	entification	n Number			
Purpose of Disbursement	1	12211		C					
Salary for State Director, OH					neaction	ID : SB21B.6621			
Candidate Name			Category/			Disbursement this Period			
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President State: District:	Other (sp	pecify) ▼		Me	Memo Item				
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B. Trace Strategies, LLC				Date of	Disburse	ment			
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Litte Rock Purpose of Disbursement	AK	72211		C					
Salary for State Director, OH					Transaction ID : SB21B.6622				
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Full Name (Last, First, Middle Initial)  C. Williams, Petrina, , ,				Date of	Disburse	ment			
Mailing Address 1200 New Hampshire Ave NW S	ste 750			09	/ D 12				
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City Washington	State DC	Zip Code 20036		FEC Ide	entification	n Number			
Purpose of Disbursement Expense Reimbursement		<u> </u>		C					
Candidate Name			Category/			ID: SB21B.6599 Disbursement this Period			
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 (			GE 20 OF 40			
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	I '	(check only one)			0.7		
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WOMEN SPEAK OUT PAC									
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Mailing Address 1200 New Hampshire Ave NW St					09		9	2016	
City Washington	State DC	Zip Code 20036			FEC Ide	entificatio	n Number		
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Expense Reimbursement						neaction	ID : SB21	B 6610	
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TOTAL This Period (last page this line number only	/)							221692.65	

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

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OF

**X** 10 NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Existing Loan owed to SBA Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Transaction ID: SD10.4157 Outstanding Balance Beginning This Period 10500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan for FEC Reporting Services Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.4110 5000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 5000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailings Expense Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.4318 5204.43 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 5204.43 20704.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 22 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original transactions put on SBA CC Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 State Zip Code Washington DC 20036 Transaction ID: SD10.6625 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8610.00 8610.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 8610.00 1) SUBTOTALS This Period This Page (optional)..... 29314.43 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 29314.43 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

PAGE 23 OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee American Marketing and Publishing 09 01 2016 Mailing Address 7380 Sprout Springs Road Amount City Zip Code 1087.50 State 30542 Transaction ID: SE.6331 Flowery Branch GA Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers- had originally reported 1357.50 006 09 2016 Type Name of Federal Candidate: 04 **X** Support Office Sought: **X** House District: LOVE, MIA, , , UT Oppose President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 3377.50 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item American Marketing and Publishing 01 2016 09 Mailing Address 7380 Sprout Springs Road Amount 1087.50 City State Zip Code Flowery Branch Transaction ID: SE.6334 GΑ 30542 Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers- had originally reported 1357.50 006 2016 09 Type Name of Federal Candidate: 04 Support Office Sought: **X** House District: OWENS, H DOUGLAS, , , UT Oppose X President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 4465.00 2016 Per Election for Office Sought Other (specify) ▶ 2175.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 27 2016 Date Signature

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PAGE 24 OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee American Marketing and Publishing 09 21 2016 Mailing Address 7380 Sprout Springs Road Amount City Zip Code 4567.50 State 30542 Transaction ID: SE.6429 Flowery Branch GA Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers- Florid, originally reported 4587.50 006 09 2016 Type Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , FL Oppose x President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 100025.77 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item American Marketing and Publishing 2016 21 09 Mailing Address 7380 Sprout Springs Road Amount 4567.50 City State Zip Code Flowery Branch Transaction ID: SE.6431 GΑ 30542 Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers- Florid, originally reported 4587.50 006 21 2016 09 Type Name of Federal Candidate: Support Office Sought: House District: MURPHY, PATRICK E, , , FL X Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 35217.40 2016 Per Election for Office Sought Other (specify) ▶ 9135.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 27 2016 Date Signature

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PAGE 25 OF 40 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee American Marketing and Publishing 22 2016 Mailing Address 7380 Sprout Springs Road Amount City State Zip Code 4567.50 30542 Transaction ID: SE.6436 Flowery Branch GΑ Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers- NC 006 09 2016 Type Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose x President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 7357.50 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item American Marketing and Publishing 2016 22 09 Mailing Address 7380 Sprout Springs Road Amount 4567.50 City State Zip Code Transaction ID: SE.6438 Flowery Branch GΑ 30542 Date of Disbursement or Obligation Purpose of Expenditure Category/ Door Hangers- NC 006 22 2016 09 Type Name of Federal Candidate: Support Office Sought: House District: ROSS, DEBORAH K, , , NC Oppose X President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 61903.55 2016 Per Election for Office Sought Other (specify) ▶ 9135.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 27 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 40				
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X				
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼  C C00530766				
				C 00030700				
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y				
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination				
Campaign Graphics				09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1229 N. Wakonda Street			Amou	unt				
City	State	Zip Code		441.89				
Flagstaff	AZ	86004		saction ID : SE.6300				
Purpose of Expenditure Lapel stickers and shirts for canvassers		Category/ Type 006		of Disbursement or Obligation  M M O O O O O O O O O O O O O O O O O				
Name of Federal Candidate:		Support	Office Soug	aht: House District:				
CLINTON, HILLARY RODHAM, , ,		x Oppose	resid					
Calendar Year-To-Date Per Election for Office Sought	7	95458.27	Disburseme	ent For:				
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination				
Campaign Graphics			Г	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1229 N. Wakonda Street			Amou					
			Amoi					
City	State	Zip Code	Tran	441.89 nsaction ID : SE.6302				
Flagstaff  Burness of Evpanditure	AZ	86004		of Disbursement or Obligation				
Purpose of Expenditure  Lapel stickers and shirts for canvassers		Category/ Type 006		09 / 01 / 2016				
Name of Federal Candidate:		Support	Office Soug	ce Sought: House District:				
MURPHY, PATRICK E, , ,		<b>✗</b> Oppose	Presid	dent Senate State: FL				
Calendar Year-To-Date Per Election for Office Sought	7 1 7	30649.90	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	i		· •	883.78				
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· •					
(a) TOTAL Independent Expenditures			· • [					
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized							
Buchanan, Emily, , ,	[Electronically File	led1 5.	M = M /	27 2016				
Signature		Date	e 10	27 2016				

TEMIZED INDEPENDENT EXPENDITORES				PAGE 27 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date of	f Public Distribution/Dissemination
Campaign Graphics			М	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street			Amour	nt .
City	State	Zip Code	— L.	441.89
Flagstaff	AZ	86004	<b>I</b>	action ID : SE.6313  If Disbursement or Obligation
Purpose of Expenditure Lapel stickers and shirts for canvassers NC		Category/ Type 006	М	09 01 2016
Name of Federal Candidate:		Support	Office Sough	t: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	<b>x</b> Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	78890.89	Disbursement 2016 Of	t For: Primary <b>X</b> General ther (specify) ▶
Full Name of Payee		☐ Memo	Item Date o	f Public Distribution/Dissemination
Campaign Graphics			М	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street			Amour	nt
City	State	Zip Code		441.89
Flagstaff	AZ	86004		action ID : SE.6315  If Disbursement or Obligation
Purpose of Expenditure Lapel stickers and shirts for canvassers NC		Category/ Type 006	M	
Name of Federal Candidate:		Support	Office Sough	t: House District:
ROSS, DEBORAH K, , ,		<b>x</b> Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		57336.05	Disbursement	_ , _
	1 1		O <sub>1</sub>	ther (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [	883.78
(a) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(a) TOTAL Independent Expenditures			· [	. , ,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Buchanan, Emily, , ,	Electronically File	ed]	M = M /	27 2016
Signature	<u> </u>	Date	10	27 2016

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee Campaign Graphics 09 01 2016 Mailing Address 1229 N. Wakonda Street Amount State Zip Code 441.89 City Flagstaff ΑZ 86004 Transaction ID: SE.6326 Date of Disbursement or Obligation Purpose of Expenditure Category/ lapel pins and shorts for canvassers 006 09 2016 Type Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , OH Oppose x President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 26920.76 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Campaign Graphics 01 2016 09 Mailing Address 1229 N. Wakonda Street Amount 441.89 City State Zip Code Flagstaff Transaction ID: SE.6328 ΑZ 86004 Date of Disbursement or Obligation Purpose of Expenditure Category/ lapel pins and shorts for canvassers OH 006 01 2016 09 Type Name of Federal Candidate: Support Office Sought: House District: STRICKLAND, TED, , , ОН Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 21730.90 2016 Per Election for Office Sought Other (specify) ▶ 883.78 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 10 27 2016 Date Signature

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OF

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 29 OF 40
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼  C C00530766
				C coccords
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Campaign Graphics				09 / 01 / 2016
Mailing Address 1229 N. Wakonda Street			Ar	nount
City	State	Zip Code	— Г	441.89
Flagstaff	AZ	86004	<b>I</b>	ansaction ID : SE.6336
Purpose of Expenditure Lapel Pins and shirts for canvassers UT		Category/ Type 006		ate of Disbursement or Obligation  09 01 2016
Name of Federal Candidate:		V Ourse sut	0#: 0-	Night: V House District: 04
LOVE, MIA, , ,		Support Oppose	Office Sc	bught: House District: UT  Senate State: UT
Calendar Year-To-Date			Disburse	ment For: Primary X General
Per Election for Office Sought	7	4906.89	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Campaign Graphics				09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street			Δ.,	
			Ai	nount
City	State	Zip Code		441.89 ransaction ID : SE.6338
Flagstaff	AZ	86004		ate of Disbursement or Obligation
Purpose of Expenditure  Lapel Pins and shirts for canvassers UT		Category/ Type 006	5	09 / 01 / Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sc	ought: X House District: 04
OWENS, H DOUGLAS, , ,		<b>x</b> Oppose	Pre	esident Senate State: UT
Calendar Year-To-Date		5348.78	Disburse	ment For: Primary General
Per Election for Office Sought	7 1 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• •	883.78
(a) SUBTOTAL of Unitemized Independent Expenditure	res			
			_	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	led1 –	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 30 OF 40
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼  C. C00530766
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Chain Bridge Bank				09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1445 McLaughlin Ave			Amou	ınt
City	State	Zip Code	$ \Gamma$	2500.00
McLean	VA	22101		saction ID : SE.6379
Purpose of Expenditure	<u> </u>	0-1		of Disbursement or Obligation
Gift cards for canvassers expenses- OH		Category/ Type 002		09 16 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		<b>✗</b> Oppose	<b>x</b> Presid	lent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 1 7	29420.76	Disburseme	nt For:  Primary
Full Name of Payee		Memo		of Public Distribution/Dissemination
Chain Bridge Bank		_	r	M M / D D / Y Y Y Y
Mailing Address 1445 McLaughlin Ave				09 16 2016
1445 WicLaughiin Ave			Amou	ınt
City	State	Zip Code		2500.00
McLean	VA	22101		saction ID : SE.6386 of Disbursement or Obligation
Purpose of Expenditure Gift cards for canvassers - OH		Category/ 002		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type 002		00 10 2010
Name of Federal Candidate:		Support	Office Soug	
STRICKLAND, TED, , ,		<b>x</b> Oppose	<b>X</b> Presid	lent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		32190.76	Disburseme	nt For: Primary General
Fel Election for Office Sought	7 7		2010	Other (specify)
			_	
(a) SUBTOTAL of Itemized Independent Expenditures	i		• •	5000.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res			
(,,				7 7
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Buchanan, Emily, , ,	[Electronically Fil	led1 –	M = M /	D D / Y Y Y Y
Signature		Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 31 OF 40
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				C C00530766
				O contains
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook, Inc.			N	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amou	
			Amou	
City	State	Zip Code		20.36
Menlo Park	CA	94025		action ID : SE.6460 of Disbursement or Obligation
Purpose of Expenditure Ads		Category/ Type 004		09 / 29 / 2016
Name of Federal Candidate:		Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	<b>x</b> Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	8477.86	Disbursemer	t For: Primary <b>X</b> General
Full Name of Payee		Memo		of Public Distribution/Dissemination
Headway Workforce Solutions		Wemo	Mem Sate	M / D D / Y Y Y
Mailing Address			— L	09 01 2016
421 Fayetteville St #1020			Amou	nt
City	State	Zip Code	—Г.	27705.04
Raleigh	NC	27601		saction ID : SE.6291 of Disbursement or Obligation
Purpose of Expenditure Actual Canvasser Salary 9/1/16-9/31/16 FL, had reestimate	ported	Category/ Type 001		09 / 01 / 2016
Name of Federal Candidate:		Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		<b>x</b> Oppose	<b>X</b> Preside	ent Senate State: FL
Calendar Year-To-Date		92513.41	Disbursemer	t For: Primary Seneral
Per Election for Office Sought	T - T -	02010111	2016 C	other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				27725.40
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	led1 –	M = M /	27 / 2016
Signature		Date	e 10	27 2016

PAGE 32 OF 40 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee Headway Workforce Solutions 09 01 2016 Mailing Address 421 Fayetteville St #1020 Amount State Zip Code 27705.04 City NC 27601 Transaction ID: SE.6293 Raleigh Date of Disbursement or Obligation Purpose of Expenditure Category/ Actual payroll for canvassers 9/1/16-9/30/16 FL, had reported 001 09 2016 Type estimate Name of Federal Candidate: Support Office Sought: House District: MURPHY, PATRICK E, , , FL Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 27705.04 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item **Headway Workforce Solutions** 2016 01 09 Mailing Address 421 Fayetteville St #1020 Amount 2502.97 City State Zip Code Transaction ID: SE.6296 Raleigh NC 27601 Date of Disbursement or Obligation Purpose of Expenditure Category/ Actual mileage for canvassers 9/1/16-9/31/16 FL, had reported 001 2016 09 01 Type estimate Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , FL X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 95016.38 2016 Per Election for Office Sought Other (specify) ▶ 30208.01 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 27 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 33 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Headway Workforce Solutions		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020			Amo	09 01 2016
City	State	Zip Code	— г	2502.97
Raleigh	NC	27601		nsaction ID : SE.6298
Purpose of Expenditure Actual mileage for canvassers 9/1/16-9/31/16, had restimate	reported	Category/ Type 001		e of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
MURPHY, PATRICK E, , ,		x Oppose		ident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 7	30208.01	Disbursem 2016	ent For: Primary   General  Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amo	09 01 2016 punt
City	State	Zip Code	— г	24301.79
Raleigh	NC	27601		Insaction ID : SE.6305 e of Disbursement or Obligation
Purpose of Expenditure Actual payroll for canvassers 9/1/16-9/31/16 NC, h estimate	ad reported	Category/ Type 001		09 / 01 / 2016
Name of Federal Candidate:		Support	Office Sou	ght: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	<b>X</b> Pres	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	74745.54	Disbursem 2016	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	·		· • [	26804.76
(a) SUBTOTAL of Unitemized Independent Expenditu	res			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1	M = M	/ D D / Y T Y T Y
Signature	типопишну Г п	Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		"M" / D "D / Y "Y "Y "Y
Full Name of Payee Headway Workforce Solutions		☐ Memo		of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020			Amou	09 01 2016 nt
City	State	Zip Code		24301.79
Raleigh	NC	27601		saction ID : SE.6307
Purpose of Expenditure Actual payroll for canvassers 9/1/16-9/31/16, had re estimate	ported	Category/ Type 001		of Disbursement or Obligation  09  01  2016
Name of Federal Candidate:		Support	Office Sough	nt: House District:
ROSS, DEBORAH K, , ,		x Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	T T	53190.70	Disbursemer 2016	nt For: Primary <b>X</b> General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amou	nt
City	State	Zip Code	ΗГ.	3703.46
Raleigh	NC	27601		saction ID : SE.6309 of Disbursement or Obligation
Purpose of Expenditure Actual Mileage for canvassers 9/1/16-9/31/16 NC, estimate	had reported	Category/ Type 002		09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		<b>x</b> Oppose	<b>X</b> Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	T T	78449.00	Disbursemer 2016	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	28005.25
			_	
(a) SUBTOTAL of Unitemized Independent Expenditure	res		<b>•</b>	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	ed1	M = M /	D D / Y Y Y Y Y Y
Signature	Гиси описану I' ll	Date	10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee Headway Workforce Solutions		☐ Memo		of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020			Amou	09 01 2016
City	State	Zip Code	— r	3703.46
Raleigh	NC	27601		action ID : SE.6311
Purpose of Expenditure Actual Mileage for canvassers 9/1/16-9/31/16 NC, h estimate	ad reported	Category/ Type 002	- N	of Disbursement or Obligation  09  01  2016
Name of Federal Candidate:		Support	Office Sough	nt: House District:
ROSS, DEBORAH K, , ,		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	56894.16	Disbursemen	nt For: Primary <b>X</b> General wither (specify) ▶
Full Name of Payee		☐ Memo	1 _	of Public Distribution/Dissemination
Headway Workforce Solutions			N	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amou	
City	State	Zip Code	— IT:	8285.04
Raleigh	NC	27601		saction ID : SE.6318 of Disbursement or Obligation
Purpose of Expenditure Actual payroll for canvassers 9/1-9/31/16 OH, had estimate	reported	Category/ Type 001	Date	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		<b>x</b> Oppose	<b>X</b> Preside	ent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		25511.62	Disbursemen 2016	nt For: ☐ Primary <b>X</b> General
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	11988.50
(a) SUBTOTAL of Unitemized Independent Expenditure	res		<b>.</b>	
(a) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	odl	M = M /	D D / Y Y Y Y Y
Signature	несионицину Г и	Date	10	27 2016

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee Headway Workforce Solutions 09 01 2016 Mailing Address 421 Fayetteville St #1020 Amount State Zip Code 8285.04 City NC 27601 Transaction ID: SE.6320 Raleigh Date of Disbursement or Obligation Purpose of Expenditure Category/ Actual payroll for canvassers 9/1-9/31/16 OH, had reported 001 09 2016 Type estimate Name of Federal Candidate: Support Office Sought: House District: STRICKLAND, TED, , , OH Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 20321.76 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item **Headway Workforce Solutions** 01 2016 09 Mailing Address 421 Fayetteville St #1020 Amount 967.25 City State Zip Code Transaction ID: SE.6322 Raleigh NC 27601 Date of Disbursement or Obligation Purpose of Expenditure Category/ Actual mileage for canvassers 9/1-9/31/16 OH, had reported 002 2016 09 01 Type estimate Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , ОН X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 26478.87 2016 Per Election for Office Sought Other (specify) ▶ 9252.29 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 27 2016 Date Signature

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Headway Workforce Solutions		_ Welle		09 01 / Y Y Y Y Y O
Mailing Address 421 Fayetteville St #1020			Amo	ount
City	State	Zip Code	-	967.25
Raleigh	NC	27601		nsaction ID : SE.6324
Purpose of Expenditure Actual mileage for canvassers 9/1-9/31/16 OH, had estimate	reported	Category/ Type 002		09 / 01 / 2016
Name of Federal Candidate:		Support	Office Sou	ght: House District:
STRICKLAND, TED, , ,		<b>x</b> Oppose	Presi	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		21289.01	Disburseme	
5 W.W. (18)			1_	Other (specify) ▶
Full Name of Payee Hilton Garden Inn		∐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address				09 23 2016
3232 Olentangy Riover Rd			Amo	ount
City	State	Zip Code	-	1100.00
Columbus	ОН	43202		nsaction ID : SE.6441 e of Disbursement or Obligation
Purpose of Expenditure Travel expenses		Category/ Type 002		09 / 23 / 2016
Name of Federal Candidate:		Support	Office Sou	ght: House District:
CLINTON, HILLARY RODHAM, , ,		<b>X</b> Oppose	<b>X</b> Presi	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	33290.76	Disburseme 2016	ent For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶ [	2067.25
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· • [	7
(a) TOTAL Independent Expenditures			• [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	[ed] _	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 10	27 2016

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Hilton Garden Inn 09 23 2016 Mailing Address 3232 Olentangy Riover Rd Amount State Zip Code 1100.00 City ОН 43202 Transaction ID: SE.6446 Columbus Date of Disbursement or Obligation Purpose of Expenditure Category/ Travel Expenses 002 09 23 2016 Type Name of Federal Candidate: Support Office Sought: House District: STRICKLAND, TED, , , OH Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 25080.90 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Hilton Garden Inn 2016 23 09 Mailing Address 3232 Olentangy Riover Rd Amount 1100.00 City State Zip Code Transaction ID: SE.6449 Columbus ОН 43202 Date of Disbursement or Obligation Purpose of Expenditure Category/ Travel Expenses 002 23 2016 09 Type Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose X **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 8457.50 2016 Per Election for Office Sought Other (specify) ▶ 2200.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 27 2016 Date Signature

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TEMIZED INDEPENDENT EXPENDITURES	ı			PAGE 39 OF 40
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼  C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Hyatt Place				09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6161 Park Center Circle			Am	
				ount
City	State	Zip Code		2250.00
Dublin	OH	43017		Insaction ID : SE.6389 e of Disbursement or Obligation
Purpose of Expenditure Hotel expense		Category/ Type 002	2	09 16 / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ught: House District:
CLINTON, HILLARY RODHAM, , ,		X Oppose	<b>x</b> Pres	
Calendar Year-To-Date Per Election for Office Sought	7	2790.00	Disbursem	nent For: Primary <b>X</b> General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Hyatt Place		INDING	Item –	M M / D D / Y Y Y Y
Mailing Address				09 16 2016
6161 Park Center Circle			Am	ount
City	State	Zip Code	$\neg \Gamma$	2250.00
Dublin	ОН	43017		ansaction ID : SE.6392 e of Disbursement or Obligation
Purpose of Expenditure  Hotel expense		Category/ Type 002	2	09 16 2016
Name of Federal Candidate:		Support	Office Sou	ught: House District:
STRICKLAND, TED, , ,		× Oppose	Pres	sident Senate State: OH
Calendar Year-To-Date		20202 22	Disbursem	nent For: Primary General
Per Election for Office Sought		23980.90	2016	Other (specify) ▶
( ) QUETOTAL ( )				4500.00
(a) SUBTOTAL of Itemized Independent Expenditures	·		• •	4500.00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1 _	M = M	/ D D / Y Y Y Y
Signature		Date	e 10	27 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 40
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼  C C00530766
				C concerto
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Thrifty Car Rental				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1534 Sunset Blvd			Amou	unt
City	State	Zip Code	-	540.00
Steubenville	ОН	43952		saction ID : SE.6376 of Disbursement or Obligation
Purpose of Expenditure Van rental		Category/ Type 002		09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		X Oppose	resid	
Calendar Year-To-Date Per Election for Office Sought	7	540.00	Disburseme 2016	ent For:
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Thrifty Car Rental				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1534 Sunset Blvd			Amou	unt
	To			
City Steubenville	State	Zip Code 43952	Trar	270.00 nsaction ID : SE.6384
Purpose of Expenditure			Date	of Disbursement or Obligation
Van Rental- OH		Category/ Type 002		09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
STRICKLAND, TED, , ,		<b>x</b> Oppose	X Presid	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		29690.76	Disburseme	ent For: Primary General
Fel Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·			810.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res			
(a) TOTAL Independent Expenditures			•	172541.58
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
Buchanan, Emily, , ,	[Electronically File	led1 _	M = M /	D D / Y Y Y Y Y
Signature		Date	e 10	27 2016